# STATE OF ALABAMA

# CERTIFICATE OF DEATH

State File Number 101

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

1. DECEASED—NAME (First, Middle, Last (Print last name all capitals)): Clovenski REYNOLDS
2. DATE OF DEATH (Month, Day, Year): Dec. 27, 1989
3. COUNTY OF DEATH: Shelby
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Vincent 35178
4b. INSIDE CITY LIMITS: ☒ Yes ☐ No
4c. PLACE OF DEATH — HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): P.O. Box 272 #1 Dixie Lane
If HOSPITAL (Check One) ☐ Inpatient ☐ DOA ☐ ER or Outpatient
5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc.: ☐ Yes ☐ No Specify
5b. RACE—American Indian, Black, White, etc.—Specify: White
5c. SEX: M
6. DATE OF BIRTH (Month, Day, Year): April 1, 1931
7a. AGE: 58 Years
7b. UNDER 1 YEAR: MOS. / DAYS
7c. UNDER 1 DAY: HOURS / MIN.
8a. PLURALITY AT BIRTH: ☒ Single ☐ Twin ☐ Other (Specify)
8b. IF NOT SINGLE BIRTH—BORN: ☐ First ☐ Second ☐ Other (Specify)
9. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
10. WAS DECEDENT EVER IN ARMED FORCES: ☐ Yes ☐ No
11. DECEDENT'S EDUCATION—Specify only highest grade completed — Elementary/Secondary (Circle): 0 1 2 3 4 5 6 7 8 9 10 11 12 — College (Circle): 1 2 3 X 6+
12. MARITAL STATUS: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced
13. SURVIVING SPOUSE (If wife, give maiden name): Bobbie Ingram

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

14. STATE OF BIRTH (If not in U.S.A., name country): Alabama
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Director
16. KIND OF BUSINESS OR INDUSTRY: Dart Industries
17a. RESIDENCE—STATE: Alabama
17b. COUNTY: Shelby
17c. CITY, TOWN, OR LOCATION AND ZIP: Vincent 35178
17d. INSIDE CITY LIMITS: ☒ Yes ☐ No
17. STREET AND NUMBER: P.O. Box 272 #1 Dixie Lane

MOTHER

18. MOTHER—MAIDEN NAME (First, Middle, Last): Lu Era Snider
19. DATE OF BIRTH: Unknown
20. SOCIAL SECURITY NUMBER: None

FATHER

21. FATHER—NAME (First, Middle, Last): David R. Reynolds
22. DATE OF BIRTH: Unknown
23. SOCIAL SECURITY NUMBER: None

24. PHYSICIAN'S NAME (Type): Coroner-Billy Thompson — Address: P.O. Box 841, Columbiana, AL 35051
25. INFORMANT—NAME: Mrs. Bobbie Reynolds — Address: P.O. Box 272, Vincent, AL 35178

MEDICAL CERTIFICATION

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

26. IMMEDIATE CAUSE — Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
(a) NATURAL CAUSES
Due to, or as a consequence of:
(b)
Due to, or as a consequence of:
(c)

27 PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (a)

28a. AUTOPSY: ☐ Yes ☒ No
28b. IF YES were findings considered in determining cause of death: ☐ Yes ☐ No
28c. WAS THERE A PREGNANCY IN LAST — 90 DAYS: ☐ Yes ☐ No ☐ Unk. — 42 DAYS: ☐ Yes ☐ No ☐ Unk.

IF NO PHYSICIAN WAS IN ATTENDANCE, MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER OR CORONER

29. EXTERNAL CAUSES ONLY: ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ OTHER (Specify)
30a. WAS AN OPERATION PERFORMED During Last 28 Days: ☐ Yes ☒ No
30b. REASON FOR OPERATION (Specify)
31a. DATE OF INJURY (Month, Day, Year)
31b. HOUR
31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)
31d. INJURY AT WORK: ☐ Yes ☐ No
31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)
31f. LOCATION (Street or R.F.D. No., City or Town, State)

CERTIFIER

32a. CERTIFIER (check only one): ☐ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." ☐ Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."
32b. CERTIFIER LICENSE NUMBER
33a. CERTIFICATION PHYSICIAN — I attended the Deceased from: Month Day Year
33b. TO: Month Day Year
33c. AND LAST SAW HIM/HER ALIVE ON (Mo., Day, Yr.)
33d. I did/did not view the body after death: ☐ Did ☐ Did Not
33e. DEATH OCCURRED (HOUR) M — At the place, on the date and to the best of my knowledge, due to the cause(s) stated
34a. CERTIFICATION-MEDICAL EXAMINER/CORONER OR HEALTH OFFICER — Hour of Death: 8:30AM M
34b. THE DECEASED WAS PRONOUNCED DEAD — Month Day Year Hour: DEC. 27, 1989 9:10AM M
35a. CERTIFIER-PHYSICIAN, MEDICAL EXAMINER, CORONER OR HEALTH OFFICER (Type or Print Name): Billy Thompson, Coroner
35b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 841 Columbiana, Al. 35051
35c. CERTIFIER'S SIGNATURE: Billy C. Thompson, CORONER
35d. DATE SIGNED (Month, Day, Year): 1-7-90

BURIAL

36. DISPOSITION OF BODY: ☒ Burial ☐ Removal ☐ Cremation ☐ Donation
37a. CEMETERY OR CREMATORY—Name: Vincent Assembley Of God Cem.
37b. LOCATION City or Town State: Vincent, Alabama
37c. DATE OF DISPOSITION (Month, Day, Year): Dec. 29, 1989
37d. FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip): Bolton-Brown Service Funeral Home, P.O. Box 1066, Columbiana, AL 35051
37e. DATE SIGNED BY FUNERAL DIRECTOR: Dec. 28, 89
37f. FUNERAL DIRECTOR—Signature: Jack A. Jones
38a. REGISTRAR—Signature: Linda D. Brown
38b. DATE RECEIVED BY LOCAL REGISTRAR: 01-10-90

ADPH-F-VS-2/Rev. 5-88

Inst # 1999-20352

05/13/1999-20352
03:21 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MMS 8.50

STATE OF ALABAMA

COUNTY OF SHELBY

Jan. 11, 19 90

THIS IS AN OFFICIAL COPY OF THE RECORD THAT WAS TENDERED TO THE SHELBY COUNTY HEALTH DEPARTMENT ON January 10 19 90.

(not valid without seal)

Barbara D. Edwards
SHELBY COUNTY REGISTRAR